

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00530766       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Headway Workforce Solutions Inc.</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 01 / 2020</div> </div>	
Mailing Address 3100 Smoketree Ct. Suite 900		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2125.00</div>	
City Raleigh	State NC	Zip Code 27604	<b>Transaction ID : SE.21815</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 02 / 2020</div> </div>
Purpose of Expenditure Canvassing / Travel		Category/Type	
Name of Federal Candidate DAINES, STEVE, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">36215.30</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Headway Workforce Solutions Inc.</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 01 / 2020</div> </div>	
Mailing Address 3100 Smoketree Ct. Suite 900		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2125.00</div>	
City Raleigh	State NC	Zip Code 27604	<b>Transaction ID : SE.21816</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 02 / 2020</div> </div>
Purpose of Expenditure Canvassing / Travel		Category/Type	
Name of Federal Candidate BULLOCK, STEVE, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">38340.30</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">4250.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 MM / DD / YYYY  
 10 / 03 / 2020

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE	2	OF	2
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Nebo Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 02 / 2020</b>	
Mailing Address <b>PO Box 9625</b>		Amount <b>3995.00</b>	
City <b>Arlington</b>	State <b>VA</b>	Zip Code <b>22219</b>	Transaction ID : <b>SE.21817</b>
Purpose of Expenditure Digital Media Production / Placement		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 02 / 2020</b>
Name of Federal Candidate <b>DAINES, STEVE, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MT</b>
Calendar Year-To-Date Per Election for Office Sought		<b>42335.30</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Nebo Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 02 / 2020</b>	
Mailing Address <b>PO Box 9625</b>		Amount <b>3995.00</b>	
City <b>Arlington</b>	State <b>VA</b>	Zip Code <b>22219</b>	Transaction ID : <b>SE.21818</b>
Purpose of Expenditure Digital Media Production / Placement		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 02 / 2020</b>
Name of Federal Candidate <b>BULLOCK, STEVE, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MT</b>
Calendar Year-To-Date Per Election for Office Sought		<b>46330.30</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>7990.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>12240.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 03 / 2020**

Signature